

NOV 18 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 1Township NewPrimary Registration District No. 2544City KC Mo(No. 2544, Michigan)File No. 36962Registered No. 112St. Ward 

## 2. FULL NAME

(a) Residence, No. 3544

(Usual place of abode)

Ward. 

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

female

## 4. COLOR OR RACE

colored

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 17-1937

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

KC Mo

## FATHER

## 13. NAME

Benjamin Hemmitt

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Oklahoma

## MOTHER

## 15. MAIDEN NAME

Addie Williams

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Oklahoma

## 17. INFORMANT

(ADDRESS)

Mrs Addie Hemmitt  
2544 Michigan

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rebo

DATE

10/28

1937

## 19. UNDERTAKER

(ADDRESS)

H. B. Brown

## 20. FILED

Oct 20-1937 M. M. Brown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 17, 193722. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to Oct 17, 1937

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still Birth.

Asphyxiation

Other contributory causes of importance:

Strangulation by

umbilical cord around neck.

Name of operation.....

Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Dr. E. J. Tipton

M. D.

(Address) 1618 Lydia St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

